

LAKE COUNTY JUVENILE COURT

CASE NO. _____ HEARING DATE: _____

I. PERSONAL INFORMATION

Name		SS#		D.O.B.
Mailing Address	City	State	Zip	Phone ()
Residence (if different from above)		Message Phone (within 48 hours) ()		

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	Age	Relationship	Name 3)	Age	Relationship
2)			4)		

AFFIDAVIT OF INDIGENCY

I, _____, being duly sworn, say:

- I am financially unable to retain private counsel without substantial hardship to me or my family.
- I understand that I must inform my attorney if my financial situation should change before the disposition of my case.
- I understand that if it is determined by the county, or by the Court, that legal representation was provided for me to which I was not entitled, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
- I understand that I am subject to criminal charges for providing false financial information in connection with the above application for legal representation pursuant to Ohio Revised code Sections 120.05 and 2921.13(A)(13), (D)(4).
- I hereby certify that the information I have provided on the form is true to the best of my knowledge.

Client's Signature

Date

Sworn to before me and subscribed in my presence this _____ day of _____, 199__.

Deputy Clerk / Notary

TO SUSPEND PAYMENT OF COURT COSTS <<FOR DISPOSITIONAL HEARINGS ONLY>>

I am without funds and unable to pay court cost.

Juvenile

Sworn to before me and subscribed in my presence this _____ day of _____, 199__.

Deputy Clerk / Notary